

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mentzer Media Services			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016		
Mailing Address 600 Fairmount Ave			Amount 1471558.88		
City Towson	State MD	Zip Code 21286	Transaction ID : SE1		
Purpose of Expenditure TV/Media Placement / Radio Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016		
Name of Federal Candidate Kander, Jason, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought		4131702.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Arena Online			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016		
Mailing Address 1780 Sequoia Vista Circle			Amount 231666.00		
City Salt Lake City	State UT	Zip Code 84104	Transaction ID : SE2		
Purpose of Expenditure Online Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016		
Name of Federal Candidate Kander, Jason, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought		4131702.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1703224.88
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 05 / 2016

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Wilson Grand Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016		
Mailing Address 429 N. St. Asaph Street			Amount 12879.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE3		
Purpose of Expenditure TV/Media Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016		
Name of Federal Candidate Kander, Jason, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought 4131702.56			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Wilson Grand Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016		
Mailing Address 429 N. St. Asaph Street			Amount 3270.00		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE4		
Purpose of Expenditure Radio Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016		
Name of Federal Candidate Kander, Jason, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought 4131702.56			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16149.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Crosby, Caleb, ,

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Full Name of Payee Richard Sales Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016		
Mailing Address 1702 E Highland Ave Suite 408			Amount 2000.00		
City Phoenix	State AZ	Zip Code 85016	Transaction ID : SE5		
Purpose of Expenditure Web Ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016		
Name of Federal Candidate Kander, Jason, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought		4131702.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	1721373.88

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